OFFICIAL

OMB No.: 0938-

Revision: HCFA-PM-91-4 (BPD)

AUGUST 1991

State: RHODE ISLAND

SECTION 2 - COVERAGE AND ELIGIBILITY

Citation 42 CFR 435.10 and Subpart J

2.1 Application, Determination of Eligibility and Furnishing Medicald

(a) The Medicaid agency meets all requirements of 42 CFR Part 435, Subpart J for processing applications, determining eligibility, and furnishing Medicaid.

TN No. 92-02			DEC 9	392			7 (2 (2 2
Supersedes TN No.	Approval	Date		1.0	Effective	Date	7/1/92
IN NO.	_				HCFA ID:	7982E	